

JUDICIAL COUNCIL OF THE SEVENTH CIRCUIT  
COMPLAINT OF JUDICIAL MISCONDUCT OR DISABILITY

COMPLAINT FORM

[It is to be two pages, printed on one-side only.]

MAIL THIS COMPLETED FORM TO THE CLERK, UNITED STATES COURT OF APPEALS, 219 SOUTH DEARBORN STREET, CHICAGO, ILLINOIS 60604. MARK THE ENVELOPE "JUDICIAL MISCONDUCT COMPLAINT" OR "JUDICIAL DISABILITY COMPLAINT." DO NOT PUT THE NAME OF THE JUDGE ON THE ENVELOPE.

SEE RULE 2(e) FOR THE NUMBER OF COPIES REQUIRED.

1.) Complainant's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime telephone: \_\_\_\_\_

2.) Judge complained about:

Name: \_\_\_\_\_

Court: \_\_\_\_\_

3.) Does this complaint concern the behavior of the judge in a particular lawsuit or lawsuits?  
(Complaints may not be directly related to the merits of a decision or procedural ruling.)

☐ Yes

☐ No

If "Yes," give the following information about each lawsuit (use the reverse side if there is more than one):

Court: \_\_\_\_\_

Docket Number: \_\_\_\_\_

Are (were) you a party or lawyer in the lawsuit?

[ ] neither

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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(2) The statements made in this complaint are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date executed: \_\_\_\_\_